

**(Application for Authority to do Business pursuant to [31 MRSA §492.3](#)
to accompany Application for Transfer of Authority)**

FIRST: The name of the limited partnership is _____.

SECOND: If the real limited partnership name is not available, the **fictitious** name under which it proposes to apply for authority to do business in the State of Maine is (If not applicable, so indicate.)

_____.

☐ Form MLPA-5 accompanies this application.

A **fictitious name** is a name adopted by a **foreign limited partnership** authorized to transact business in this State because its real name is unavailable pursuant to §403-A.

THIRD : Date of organization _____ Jurisdiction of organization _____

Address of the registered or principal office, wherever located, is:

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

FOURTH: The foreign limited partnership validly exists as a limited partnership under the laws of the jurisdiction of its organization. The nature of the business or purposes to be conducted or promoted in the State of Maine is

_____.

FIFTH: The name of its Registered Agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the registered office shall be:

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

The Secretary of State of Maine is an agent upon whom service of process may be served pursuant to [§500.3](#).

SIXTH: The name and business, residence or mailing address of each general partner is:

NAME

ADDRESS

| | |
|--|--|
| | |
| | |
| | |

☐ Names and addresses of additional general partners are attached hereto as Exhibit ____, and made a part hereof.

SEVENTH: The date on which the foreign limited partnership first did, or intends to do, business in the State of Maine is

_____.

EIGHTH: This application is accompanied by a certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of limited partnership records in the state or country under whose law the foreign limited partnership is organized. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

Acceptance of Appointment of Registered Agent

The undersigned hereby accepts the appointment as registered agent for the above-named foreign limited partnership.

REGISTERED AGENT

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

Note: If the **registered agent does not sign**, Form MLPA-18 ([§494.2-A](#)) must accompany this document.

The limited partnership name as used in the State of Maine must contain one of the following: "Limited Partnership", "L.P." or "LP" (§403-A). If the addition of these words is the **only** difference from the limited partnership's real name in its jurisdiction of organization, no further action is required.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**